



Dkt. No. 10012968-1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Ray L. Pickup

**Title:** INK ASSIST AIR KNIFE

**Appl. No.:** 10/086,946

**Filing Date:** 02/28/2020

**Examiner:** Liang, Leonard S.

**Art Unit:** 2853

<p align="center"><b>CERTIFICATE OF MAILING</b></p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p><u>Carolyn Rainis</u> (Printed Name)</p> <p><u><i>Carolyn Rainis</i></u> (Signature)</p> <p><u>5/9/2005</u> (Date of Deposit)</p>
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**AMENDMENT AND REPLY UNDER 37 CFR 1.116**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This Reply is in response to the Office Action mailed on February 8, 2005.  
Please amend the above-identified application as follows.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this document.

**Remarks/Arguments** begin on page 13 of this document.

Please amend the application as follows:

03/23/2005 TORON1 00000001 082025 10086946  
~~05/12/2005 3325HET 00000043 082025 10086946~~  
~~01 00-1202 100.00 00~~  
~~01 00-1202 100.00 00~~

03/23/2005 TORON1 00000001 082025 10086946  
05/12/2005 3325HET 00000043 082025 10086946  
01 00-1202 100.00 00  
01 00-1202 100.00 00



# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/086946

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 = *	
INDEPENDENT CLAIMS	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	5/18/05		
Total	* 64	Minus -- 62	= 2
Independent	* 10	Minus --- 10	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1, 19, 22, 31, 35, 49, 49, 51, 59, 66  
overd by \$160

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus --	=
Independent	*	Minus ---	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus --	=
Independent	*	Minus ---	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	150.00
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE	FEE
BASIC FEE	300.00
X\$50=	
X200=	
+360=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$50=	100
X200=	
+360=	
TOTAL	100

RATE	ADDI-TIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$ 25=	
X100=	
+180=	

RATE	ADDI-TIONAL FEE
X\$50=	
X200=	
+360=	